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CONSIDERING HOW THE OPIOID EPIDEMIC MAY IMPACT THE LONG-TERM SERVICE AND SUPPORTS (LTSS) POPULATION

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Another day…another article on the nation's opioid epidemic. Sadly, we continue to be inundated on a daily basis with articles about more overdose deaths, declarations of a public health emergency, and calls for immediate action to reverse this tragic situation. On the positive side, there has also been increased energy, policy development and substantial federal funding to support state efforts to combat this epidemic. There is also an increased awareness of addiction as a chronic health condition that requires a robust continuum of treatment options.

So, what is new or emerging? Where does Mercer think additional focus is needed in this ongoing national conversation? The answer…we want to emphasize that the US opioid epidemic does not play favorites! This epidemic is severely and negatively impacting the lives of countless older adults and individuals with developmental/physical disabilities of all ages. Consider the following:

- The population of older adults who misuse opioids is projected to double from 2001 to 2020, increasing from 1.2% (911,000 people) to 2.4% (2.7 million people). This increase is attributed to the growing number of baby boomers, many of whom are more comfortable with receiving prescription medications and/or have used illicit drugs in the past.[1]
- Approximately 25% of older adults use prescription psychoactive medications, including opioids that have a potential for misuse and abuse. Older adults are more likely to be treated for pain with opioid analgesics. Combined with the increased use of benzodiazepines for sleep and/or anxiety disorders in this population, the risk of accidental overdose or death dramatically increases.[2]
- According to a 2011 study, approximately 15% of Medicare beneficiaries without an opioid prescription claim in the 60 days prior to being hospitalized were discharged on an opioid medication, and 42.5% of those individuals were still being prescribed an opioid 90 days later.[3]
- Based on a study by the Office of Inspector General, 33% of Medicare Part D beneficiaries received a prescription opioid in 2016, with about 500,000 of them receiving high doses of opioids.[4]

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[1] Administration on Aging and Substance Abuse and Mental Health Services Administration. (2012). *Older Americans behavioral health–Issue brief 5: Prescription medication misuse and abuse among older adults.* Retrieved from https://www.ncoa.org/resources/issue-brief-5-prescription-medication-misuse-and-abuse-among-older-adults/
[2] Ibid.
[3] Jena, A. B., Goldman, D., & Karaca-Mandic, P. (2016). Hospital prescribing of opioids to Medicare beneficiaries. *JAMA Intern Med, 176*(7), 990–997. doi:10.1001/jamainternmed.2016.2737

- Disabled Medicare members under the age of 65 with chronic opioid use rose from 21.4% in 2007 to 23.1% in 2011. This appears to correlate with a rise in disability eligibility secondary to painful musculoskeletal conditions, which are common conditions in individuals with developmental disabilities as well.[5]
  - The incidence of chronic pain increases with age; nearly 50% of older Americans suffer from a chronic pain disorder.[6]
  - Older adults and individuals with disabilities living in community-based settings are more likely to have caregiver support, including paid support staff to assist with personal care and independent activities of daily living and provide respite support. This raises potential safety risks related to direct service workers who may be struggling with addiction and/or caregivers who may steal prescribed medications from the beneficiary.

Although states acknowledge these trends, many are uncertain about how to most effectively address the impact of the opioid epidemic in these specialty populations. We must acknowledge that older individuals and individuals with disabilities are more likely to struggle with chronic pain. Opioid medications can and should be available when necessary. Likewise, alternative pain management options should be readily available, including physical therapy, occupational therapy, chiropractic care, acupuncture, massage, yoga, and others. Mercer has assisted one state with Medicaid waiver and rate-setting activities for an Integrative Medical Therapies program to integrate traditional and complementary/alternative medicine using a disease/population management-based approach. The program, which adds reimbursement for acupuncture, massage therapy and nutritional therapy, is being tested with members suffering with chronic low back pain, fibromyalgia, and chronic fatigue syndrome. We also have supported several states with their managed LTSS programs, in which these integrated programs provide all services within a single benefit.

Simultaneously, we must appreciate the risks associated with legitimate and appropriate opioid use. These populations are more likely to experience side effects, such as breathing problems, confusion, constipation and falls. Furthermore, they are not immune to potential misuse, abuse and addiction requiring intervention and support. Mercer has assisted numerous states with defining substance use disorder service arrays, including case management for State Plan and Home and Community-Based Services (HCBS) populations.

Lastly, we must recognize that scrutiny of prescriber prescribing practices should and will continue. This can both positively and negatively impact outcomes for these specialty populations. For example, on the positive side, prescribing clinicians may be less likely to prescribe long-term, higher-dose opioids when not truly indicated. Dangerous prescribing of opioids in combination with benzodiazepines may decrease with appropriate drug utilization review. However, prescribing clinicians may also be less likely to prescribe opioids when appropriate, or beneficiaries may find

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[4] U.S. Office of the Inspector General. (2017). *Opioids in Medicare Part D: Concerns about extreme use and questionable prescribing.* Retrieved from https://oig.hhs.gov/oei/reports/oei-02-17-00250.asp
[5] Morden, Nancy E., et al. (2014). Prescription Opioid Use Among Disabled Medicare Beneficiaries. Retrieved from http://www.dartmouth.edu/~jskinner/documents/Prescription_Opioid_Use_Among_Disabled_Medicare.13.pdf
[6] https://www.samhsa.gov/capt/sites/default/files/resources/resources-opiod-use-older-adult-pop.pdf

themselves being forced to discontinue use of medications that have proven invaluable in supporting greater independence and quality of life. Beneficiaries who are victims of theft may have difficulty obtaining medication renewals or may be inappropriately determined to be abusing and drug-seeking. It is imperative that we balance pain control with safe prescribing practices. We believe that conducting baseline analyses of Medicaid pharmacy programs and benchmarking to other state Medicaid programs and commercial entities to be best practices, including utilization management programs developed to improve the quality of the pharmaceutical care delivery models. We also believe that it is important to evaluating Medicaid pharmacy program design to identify areas of potential improved efficiency including the development, implementation and maintenance of a suite of retrospective claims analyses based on industry standard clinical and operational benchmarks.

Despite the risks, opioids can be a valuable tool in treating pain and improving quality of life for older adults and individuals with disabilities. Mercer is pleased to have been selected to present on this topic at the upcoming National HCBS Conference, August 27 – August 30, 2018 in Baltimore, Maryland.